

Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Title:: Orthopaedic Components with Data Storage Element

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 2

Small Entity:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name: Mark

Family Name:: DiSilvestro

City of Residence:: Fort Wayne

State or Province of Residence:: IN

Country of Residence:: US
Street of mailing address:: 1320 Crescent Circle #5
City of mailing address:: Fort Wayne
State or Province of mailing address:: IN
Postal or Zip Code of mailing address:: 46825

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country: US
Status:: Full Capacity
Given Name: Robert
Family Name:: Hastings
City of Residence:: Warsaw
State or Province of Residence:: IN
Country of Residence:: US
Street of mailing address:: 2312 E. Fawn Ave.
City of mailing address:: Warsaw
State or Province of mailing address:: IN
Postal or Zip Code of mailing address:: 46582

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country: US
Status:: Full Capacity
Given Name: Terry

Family Name:: Dietz
City of Residence:: Columbia City
State or Province of Residence:: IN
Country of Residence:: US
Street of mailing address:: 206 Lakecrest Drive
City of mailing address:: Columbia City
State or Province of mailing address:: IN
Postal or Zip Code of mailing address:: 46725

Correspondence Information

Correspondence Customer Number:: 28078

Name:: Paul J. Maginot
Street of mailing Address:: 111 Monument Circle, Suite 3000
City of mailing Address:: Indianapolis
State or Province of mailing address:: IN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 46204-5115
Phone number:: 317-638-2922
Fax number:: 317-638-2139
E-mail address:: pjmaginot@maginot.com

Representative Information

Representative Customer Number:	28078
---------------------------------	-------

Domestic Priority Information

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
	An application claiming the benefit under 35 USC 119(e)	60/486,614	July 11, 2003